

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	2						53					
4	2						54					
5	2						55					
6	2						56					
7	2						57					
8	2						58					
9	2						59					
10	2						60					
11	/						61					
12	/						62					
13	2						63					
14	2						64					
15	2						65					
16	2						66					
17	2						67					
18	2						68					
19	2						69					
20	2						70					
21							71					
22							72					
23							73					
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27							77					
28							78					
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31							81					
32							82					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	33						TOTAL DEP.					
TOTAL CLAIMS	36						TOTAL CLAIMS					